

FILED JUN 6 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

14904

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>5216</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>			
b. CITY OR TOWN <u>RURAL-PIKE TWP.</u>		c. LENGTH OF STAY (in this place) <u>TRANSIT</u>		c. CITY OR TOWN <u>Belleville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hyba M. E. VAN BURAN</u>				e. STREET ADDRESS (If rural, give location) <u>1100 NO. 71st E. ST. LOUIS</u>			
3. NAME OF DECEASED (Type or Print) <u>DUDLEY F. BATEMAN</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>MAY 22 1955</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 20, 1907</u>	
9. AGE (in years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>NORTH CAROLINA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MICHAEL BATEMAN</u>		13b. MOTHER'S MAIDEN NAME <u>ANN ORSBORN</u>		14. NAME OF HUSBAND OR WIFE <u>ANN ORSBORN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>345-09-7149</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ann Orsborn, Belleville, Ill</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURED SKULL</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auto Accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hy. 602nd E. U.S.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pike CARTER MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 22, 1955 5:45 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>			
22. I hereby certify that I attended the deceased from <u>Kendon Arrival</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:45 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Coleman M. Johnson</u>				23b. ADDRESS <u>Van Buren Mo</u>		23c. DATE SIGNED <u>5-22-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>5-23-55</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Belleville</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville ILL</u>	
DATE REC'D BY LOCAL REG. <u>MAY 28 5-5</u>		REGISTRAR'S SIGNATURE <u>Mrs. Octa Hemson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Coleman M. Johnson</u> ADDRESS <u>Van Buren Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 453

P. O. Address Van Buren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.